

AGROLAB LUFA GmbH

Dr.-Hell-Str. 6, 24107 Kiel, Germany
Tel.: +49 431 1228-0, Fax: +49 431 1228-498
lufa@agrolab.de www.agrolab.de



Authorization for SEPA Direct Debit B2B mandate

Dear Customer,

Thank you for taking advantage of the SEPA Direct Debit option.
Before completing the form, please ensure that you have selected the right form (either B2B or retail client).

Please ensure that all of your information is entered in the form! Please use your customer number as the mandate reference. Of course, your information will be treated in confidence!

Unfortunately, we are not able to accept incomplete SEPA mandates.

The SEPA Direct Debit B2B mandate must include legally binding signatures for the company; two copies of the form must be returned to us.

Please send **both** originals to the following address:

AGROLAB LUFA GmbH
c/o AGROLAB GmbH
Jenaer Str. 1
84034 Landshut

We will forward the mandate to your bank. Following the activation of the SEPA Direct Debit B2B mandate, we will inform you of the amount and due date of an upcoming direct debit no later than one day before the due date.

We look forward to working with you and thank you for your cooperation.

Do not hesitate to contact us if you have any questions regarding the Direct Debit authorization.

Sincerely

AGROLAB LUFA GmbH
Accounting Department

AGROLAB LUFA GmbH

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SEPA corporate direct debit mandate

Financial Accounting

Payee:

AGROLAB LUFA GmbH
Dr.-Hell-Str. 6
24107 Kiel
Deutschland

Payer:

I/We hereby authorize the above payee to withdraw payments from my/our account by way of direct debit transactions. At the same time, I/we instruct my/our bank to cash direct debit transactions that are drawn from my/our account by the aforementioned payee.

Payment type: Recurring payment One-time payment

Please note: This direct debit mandate only applies to the collection of direct debit advice transactions that are withdrawn from corporate accounts. I am/We are not entitled to demand a refund of the amount that has been applied once it has been cashed. I am/We are entitled to instruct my/our bank to refrain from cashing direct debit transactions up to the due date.

Creditor ID number: **DE57ZZZ00000375982**

Mandate reference:

_____ Name of company (account holder)	_____ Name of bank
_____ Street address	_____ Street address (bank)
_____ Post code and town	_____ Post code and town (bank)
_____ Country	_____ BIC
_____ E mail address (to send out pre notifications)	_____ IBAN

I/We agree that the pre-notification period may be reduced to one day.

Moreover, I/we hereby engage AGROLAB LUFA GmbH and in this context provide authorization, that this mandate may be submitted to my/our bank noted above, and furthermore declare that the bank may charge applicable fees for processing the mandate to the aforementioned account.

Place Date Signature



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Place Date Signature

AG Kiel
HRB 5796
Ust/VAT-Id-Nr.:
DE 813 356 511

Geschäftsführer
Dr. Paul Wimmer
Dr. Stephanie Nagorny

